

California Department of Education
Child Development Division
Desired Results Developmental Profile—REVISED (DRDP-R)
Information Page
Infant/Toddler Instrument
(Birth to 36 Months)

Child Information

1. Child's first and last name: _____
2. Child's birth date (mm/dd/yyyy): _____
3. Child's gender: ☐ M ☐ F
4. Child was first enrolled in the program on
(mm/dd/yyyy): _____
5. Child's ethnicity (check all that apply):
☐ African American or Black ☐ Hispanic or Latino
☐ Asian American ☐ Native American or Alaskan Native
☐ Caucasian or White ☐ Native Hawaiian or other Pacific Islander
☐ Other (specify): _____
6. Does this child have an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP)?
☐ Yes ☐ No ☐ Don't know
7. How many hours per week is this child in your care?
☐ 9 or less ☐ 31 to 40
☐ 10 to 20 ☐ More than 40
☐ 21 to 30

Observer Information

8. Agency name: _____
 9. Your name: _____
 10. Your title: _____
 11. Did another adult assist you with evaluating this child?
☐ Yes (role/relation): _____
☐ No
 12. Dates DRDPs were completed 1.(mm/dd/yyyy): _____
2.(mm/dd/yyyy): _____ 3.(mm/dd/yyyy): _____
 13. Are you the primary caregiver working with this child in the program?
☐ Yes
☐ No (specify your relationship with the child): _____
- For the following questions, check all that apply:
- | | English | Spanish | Other (specify): |
|--|---------|---------|------------------|
|--|---------|---------|------------------|